

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/03/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2019
NAME OF PROVIDER OR SUPPLIER STARNES GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2823 STARNES ROAD CHARLOTTE, NC 28214		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 156	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4)</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record verification, the facility failed to assure the results of 1 reviewed facility abuse/neglect investigation was reported to the administrator or designated representative within five working days of the incident. The finding is:</p> <p>Review of a facility investigation on 6/13/19 revealed an investigation dated 4/6/19 concerning an allegation of neglect regarding clients #1 and #2. Review of the investigation revealed staff interviews that confirmed clients #1 and #2 were neglected by a staff person, when he was not present to assist clients #1 and #2 to the toilet before leaving his shift. This resulted in clients #1 and #2 to be found laying in feces in their bedrooms upon the change of shift, at 9:00 AM on 4/6/19.</p> <p>Further review on 6/13/19 of the investigation and interview with the facility administrator revealed the facility completed their investigation on 5/1/19, substantiated the neglect allegation, and terminated the employee who was responsible for the neglect. Additional review of investigation findings revealed recommendations were not determined by the administrator until 05/01/19, 25 days after the investigation began.</p> <p>Interview with the operations manager and the</p>	W 156			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 156	Continued From page 1 facility administrator on 6/13/19 verified a delay of having recommendations after the investigation determined by the administrator. Further interview on 6/13/19 with the facility administrator verified agency difficulty with writing investigations and having all documents reviewed by all interviewing parties and the administrator in a timely manner, for which the agency plans to address.	W 156			